

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302(14) of the District of Columbia Health Occupations Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02 (14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapter 42 of Title 17 of the District of Columbia Municipal Regulations (DCMR).

The purpose of the amendments is: to amend the qualifications to administer general anesthesia, intravenous sedation, and nitrous oxide to include maintaining current certification in cardiopulmonary resuscitation for health care providers; to require dentists who administer any form of anesthesia under this chapter, including local anesthesia, to report to the Board of Dentistry any death, substantially disabling incident, or hospitalization caused by the administration of such anesthesia with thirty (30) days after the occurrence; to adopt a code of ethics for the practice of dentistry in the District of Columbia which includes following the Center for Disease Control's guidelines on infection control and universal precautions; and to clarify that a dentist whose dental license in another state is revoked, suspended, or otherwise not in good standing must bring that license into good standing before he or she will be eligible to apply for licensure in the District of Columbia.

These rules were previously published as proposed rulemaking on February 23, 2007 at 54 DCR 1669. No comments were received in connection with this notice and the Board has not made any substantive changes to the regulations. These regulations will become effective upon publication of this notice in the D.C. Register.

17 DCMR Chapter 42, DENTISTRY, is amended to read as follows:

A new section 4203 is added to read as follows:

4203 DENTISTS LICENSED IN OTHER STATES

4203.1 A dentist shall not be qualified to apply for initial licensure, reinstatement or renewal of licensure to practice in the District of Columbia if any dental license(s) he or she holds, or has ever held, in another state or jurisdiction(s) is revoked or suspended or otherwise not in good standing as determined by the Board, until such time as the dental license(s) is restored to good standing in the jurisdiction(s) where the disciplinary action(s) took place.

Section 4212 is amended to read as follows:

4212 REQUIREMENTS FOR ADMINISTRATION OF ANESTHESIA

4212.1 To be qualified to administer general anesthesia, a dentist shall meet the following requirements prior to administering general anesthesia:

- (a) Hold an active license to practice dentistry in the District of Columbia;
- (b) Have obtained appropriate training as follows:
 - (1) Successfully complete a minimum of one (1) year of training in anesthesiology beyond the undergraduate dental school level or its equivalent, sponsored by an accredited hospital recognized by the Board or an institution recognized by the American Dental Association Commission on Dental Accreditation and approved by the Board;
 - (2) Be certified, or eligible to take the examination for certification as a fellow in general anesthesia of the American Society of Dental Anesthesiologists (ASDA) according to the standards as of January 1, 1982;
 - (3) Be a diplomate of the American Dental Society of Anesthesiology (ADSA) through the examination administered by the National Dental Board of Anesthesiology (NDBA);
 - (4) Be a diplomate of the American Board of Oral & Maxillofacial Surgery (ABOMS); or
 - (5) Be a fellow of the American Association of Oral & Maxillofacial Surgery (AAOMS), or successfully complete an oral and maxillofacial surgery training program approved by the American Dental Association (ADA);
- (c) Maintain current certification in cardiopulmonary resuscitation for health care providers as evidenced by a certificate;
- (c) Maintain current Drug Enforcement Administration ("DEA") and District of Columbia controlled substance registrations; and
- (d) Conspicuously display proof of meeting the requirements set forth in this section next to his or her dental license in any and all places of business or employment where he or she administers general anesthesia.

4212.2 To be qualified to administer intravenous sedation, a dentist shall meet the following requirements prior to administering intravenous sedation:

- (a) Hold an active license to practice dentistry in the District of Columbia;

- (b) Successfully complete a postgraduate training program or course sponsored by an accredited hospital recognized by the Board or institution recognized by the American Dental Association Commission on Dental Accreditation and approved by the Board, consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients per participant demonstrating competency and clinical experience in intravenous sedation;
- (c) Maintain current certification in cardiopulmonary resuscitation for health care providers as evidenced by a certificate;
- (d) Maintain current DEA and District of Columbia controlled substance registrations; and
- (e) Conspicuously display proof of meeting the requirements set forth in this section next to his or her dental license in any and all places of business or employment where he or she administers intravenous sedation.

4212.3

To be qualified to administer nitrous oxide alone, or nitrous oxide in combination with a single oral drug, a dentist shall meet the following requirements prior to administering nitrous oxide:

- (a) Hold an active license to practice dentistry in the District of Columbia;
- (b) Have successfully completed a training program or course in nitrous oxide consisting of a minimum of forty (40) hours of either undergraduate dental school or postgraduate instruction at an accredited institution recognized by the American Dental Association Commission on Dental Accreditation or in a program approved by the Board. This training shall include actual experience with the administration of nitrous oxide.
- (c) Maintain current certification in cardiopulmonary resuscitation for health care providers as evidenced by a certificate;
- (d) Maintain current DEA and District of Columbia controlled substance registrations; and
- (e) Conspicuously display proof of meeting the requirements set forth in this section next to his or her dental license in any and all places of business or employment where he or she administers nitrous oxide.

4212.4

A dentist who is qualified to administer general anesthesia pursuant to § 4212.1 of this chapter, shall be deemed qualified to administer intravenous sedation and nitrous oxide.

4212.5

A dentist who administers any form of anesthesia pursuant to this chapter, including

local anesthesia, shall report to the Board any death, substantially disabling incident, or hospitalization caused by the administration of any form of anesthesia, by the dentist or a dental hygienist authorized by the Board of Dentistry to administer local anesthesia and nitrous oxide acting under his supervision, within thirty (30) days after the occurrence.

Section 4213 is amended by adding sections 4213.6 through 4213.60 to read as follows:

- 4213.6 A dentist shall respect a patient's rights to self-determination and treat the patient according to the patient's desires, within the bounds of accepted treatment.
- 4213.7 A dentist shall inform a patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.
- 4213.8 A dentist shall protect the confidentiality of patient records and maintain patient records in a manner consistent with the protection of the welfare of the patient and all applicable District of Columbia and federal laws.
- 4213.9 A dentist shall make every effort to refrain from harming the patient.
- 4213.10 A dentist shall keep his or her knowledge of dentistry and skills current while he or she is engaging in clinical practice of dentistry.
- 4213.11 A dentist shall know his or her own limitations and shall refer a patient to a specialist or other health care professional whenever the welfare of a patient will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience.
- 4213.12 A dentist shall seek consultation with a specialist or other health care professional, if possible, whenever it would be in the patient's best interest.
- 4213.13 When patients visit or are referred to specialists or consulting dentists for consultation:
- (a) The specialists or consulting dentists shall, upon completion of their care, return the patient, unless the patient expressly reveals a different preference, to the referring dentist or, if none, to the dentist of record for future care; and
 - (b) When there is no referring dentist, the specialists shall upon completion of their treatment, inform the patient when there is a need for further dental care.
- 4213.14 A dentist who is called upon to render a second opinion regarding a diagnosis or treatment plan recommended by a patient's treating dentist, shall not have a vested interest in that recommendation.

- 4213.15 A dentist shall know when and under what circumstances delegation of patient care to auxiliaries is appropriate.
- 4213.16 A dentist shall only assign to qualified auxiliaries those duties which can be legally delegated.
- 4213.17 A dentist shall prescribe and supervise the patient care provided by all auxiliary personnel working under his or her direction.
- 4213.18 A dentist shall not practice dentistry while abusing or using controlled substances, alcohol, or any other chemical agents, which impair the ability to practice.
- 4213.19 A dentist shall urge chemically impaired colleagues to seek treatment, if possible.
- 4213.20 A dentist with first-hand knowledge that a colleague is practicing dentistry when impaired by controlled substances, alcohol, or any other chemical agents shall report such evidence to the professional assistance committee of a dental society or the Board of Dentistry.
- 4213.21 A dentist or auxiliary who contracts any disease, has a mental or physical impairment which affects his or her ability to safely practice, or becomes impaired in any way that might endanger patients or dental staff shall, with consultation and advice from a qualified physician or other authority, limit the activities of his or her practice to those areas that do not endanger patients or dental staff.
- 4213.22 A dentist who has been advised to limit the activities of his or her dental practice shall monitor the disease or impairment and make additional limitations to the activities of his or her dental practice as indicated.
- 4213.23 A dentist, regardless of his or her bloodborne pathogen status, shall immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for post-exposure evaluation and follow-up and shall immediately refer the patient to a qualified health care practitioner who can provide post-exposure services.
- 4213.24 In the event of an exposure incident as discussed in § 4213.23, a dentist shall provide information concerning his or her own bloodborne pathogen status to the evaluating health care practitioner, if the dentist is the source of the possible exposure, and submit to testing that will assist in the evaluation of the patient. If a staff member or other third person not regulated by the District of Columbia Board of Dentistry is the source of the possible exposure, the dentist shall encourage that person to cooperate as needed for the patient's evaluation.
- 4213.25 Once a dentist has undertaken a course of treatment to provide services to a patient, the dentist shall not discontinue that treatment without first giving the patient adequate notice and the opportunity to obtain the services of another dentist and ensuring that the patient's oral health will not be jeopardized in the

process.

- 4213.26 A dentist shall not engage in interpersonal relationships with patients that could impair his or her professional judgment or risk the possibility of exploiting the confidence placed in him or her by a patient.
- 4213.27 A dentist shall provide competent and timely delivery of dental care.
- 4213.28 A dentist shall conduct himself or herself in a professional manner.
- 4213.29 A dentist shall make the results and benefits of his or her research and development investigative efforts available to all when such are useful in safeguarding or promoting the health of the public.
- 4213.30 A dentist shall not use patents or copyrights to restrict research or practice.
- 4213.31 A dentist shall become familiar with the signs of abuse and neglect and report suspected cases to the proper authorities consistent with District of Columbia and federal laws.
- 4213.32 While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, a dentist shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex, national origin, or sexual preference.
- 4213.33 A dentist shall not refuse to provide treatment to an individual based solely on the fact that the individual is infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus, or another bloodborne pathogen.
- 4213.34 A dentist shall make reasonable arrangements for the emergency care of his or her patients of record.
- 4213.35 A dentist shall, when consulted in an emergency by patients with whom he does not have an established patient-practitioner relationship, make reasonable arrangements for their emergency care. If treatment is provided, the dentist, upon completion of treatment, shall return the patient to his or her regular dentist unless the patient expressly reveals a different preference.
- 4213.36 A dentist shall report to the District of Columbia Board of Dentistry known instances of gross or continual faulty treatment by other dentists.
- 4213.37 A dentist shall inform patients of their present oral health status without making disparaging comments about prior services.
- 4213.38 When informing a patient of the status of his or her oral health, a dentist shall make comments that are truthful, informed and justifiable.

- 4213.39 A dentist issuing a public statement with respect to the profession shall believe as well as have a reasonable basis to believe that the comments made are true.
- 4213.40 A dentist may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.
- 4213.41 A dentist shall not agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert.
- 4213.42 A dentist shall not accept or tender rebates or split fees.
- 4213.43 A dentist shall not represent the care being rendered, or that is needed, to a patient in a false or misleading manner.
- 4213.44 A dentist shall not remove amalgam restorations containing mercury from patients who are not allergic to mercury for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist.
- 4213.45 A dentist shall not remove sound or serviceable amalgam restorations containing mercury, at the request of a patient who is not allergic to mercury, without first obtaining appropriate informed consent from the patient, which includes but is not limited to advising the patient that:
- (a) The National Institutes of Health has determined that there are no verifiable systemic health benefits resulting from the removal of mercury amalgam restorations; and
 - (b) The removal of sound or serviceable mercury amalgam restorations may significantly affect the integrity of the tooth.
- 4213.46 A dentist shall not represent that dental treatment or diagnostic techniques recommended or performed by the dentist have the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research.
- 4213.47 A dentist shall not represent the fees being charged for providing care in a false or misleading manner.
- 4213.48 A dentist shall not increase a fee charged to a patient solely because the patient is covered under a dental benefits plan.
- 4213.49 A dentist shall not misrepresent treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan which benefits would otherwise be disallowed.

- 4213.50 A dentist shall not misrepresent the dental procedures performed to receive a greater payment or reimbursement or to make a non-covered procedure appear to be a covered procedure.
- 4213.51 A dentist shall not recommend or perform unnecessary dental services or procedures.
- 4213.52 A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.
- 4213.53 A dentist who, in the regular conduct of his or her practice, engages in or employs auxiliaries in the marketing or sale of products or procedures to his or her patients shall not exploit the trust inherent in the dentist-patient relationship for his or her own financial gain.
- 4213.54 A dentist shall not induce his or her patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure.
- 4213.55 In the case of a health-related product used by or recommended by a dentist, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist shall inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research.
- 4213.56 A dentist shall disclose to his or her patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient.
- 4213.57 A dentist shall not advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.
- 4213.58 A general dentist who wishes to announce the services available in his or her practice may announce the availability of those services but shall not express or imply specialization.
- 4213.59 A dentist shall not announce available services in any way that would be false or misleading in any material respect.

- 4213.60 A dentist shall follow the Center for Disease Control's (CDC) guidelines on infection control and on universal precautions as they may be amended or republished from time to time.
- 4213.61 A dentist shall not willfully harass, abuse, intimidate, insult, degrade, or humiliate a patient physically, verbally, or by any form of communication.

Section 4214.2 is amended to read as follows:

- 4214.2 Pursuant to § 201(f) of the Act, D.C. Official Code § 3-1202.01(f)(2001), the limitation under this section shall not apply to a dentist who is an employee of, or operating pursuant to a contract with, the District or federal government and/or who is supervising dental hygienists who are employed by or operating pursuant to a contract with the District or federal government.

Section 4299.1 is amended as follows:

The following terms with the ascribed meanings are added as follows:

Auxiliary- means a person who may perform dental supportive procedures authorized by District of Columbia law or regulations under the specified supervision of a licensed dentist.

Bloodborne pathogen- means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Universal precautions- means blood and body fluid precautions as defined by the Center for Disease Control.

Passed a Regional Board- means that an applicant has earned a score of seventy-five (75%) in each discipline, clinical skill, procedure, or knowledge that is tested on the NERB examination using the internal weighting and scoring methods the NERB uses to score the NERB's examination of dentistry or dental hygiene as applicable.

**PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA
1333 H STREET, N.W., SUITE 200, WEST TOWER
WASHINGTON, DC 20005**

NOTICE OF FINAL RULEMAKING

**TELEPHONE TARIFF 06-6, IN THE MATTER OF THE APPLICATION OF
VERIZON WASHINGTON, DC INC. FOR AUTHORITY TO AMEND THE
GENERAL SERVICES TARIFF, P.S.C.-D.C.-NO. 201**

1. The Public Service Commission of the District of Columbia ("Commission") hereby gives notice, pursuant to Section 2-505 of the District of Columbia Code,¹ of its final rulemaking action taken in the above-captioned proceeding. By Order No. 14208, the Commission approved Verizon Washington, DC Inc.'s ("Verizon DC") Application to revise its promotional offering.²

2. On October 12, 2006, Verizon DC filed its Application³ requesting authority to amend the following tariff page:

GENERAL SERVICES TARIFF P.S.C.-D.C.-NO. 201

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3. Prior to approval of its Application, Verizon provided a 10-day notice before implementing promotions, and the duration of the promotion was limited to six months. In addition, Verizon was required to file cost support within twenty-one days of the filing showing that the incremental cost of any promotional offering was recovered from the subsequent months' margin.⁴ However, Verizon's Application proposed to reduce the notice period from ten days to one day; extend the duration of the promotional period from six months to up to three consecutive six month periods (*i.e.* for a maximum of eighteen months); and make cost information available only upon request of the Commission.⁵

4. A Notice of Proposed Rulemaking was published in the *D.C. Register* on November 3, 2006.⁶ No comments were filed in response to the filing. Subsequently, the

¹ D.C. Code § 2-505 (2001 Ed.).

² Add reference to the Order No. and date.

³ *TT0-6, In the Matter of the Application of Verizon Washington, DC Inc. For Authority to Amend the General Services Tariff, P.S.C.-D.C. – No. 201* ("TT06-6"), filed October 12, 2006 (hereinafter referred to as "Application").

⁴ *TT94-10, In the Matter of the Application of Bell Atlantic - Washington, DC Inc. For Authority to Amend the General Services Tariff, P.S.C.-D.C. – No. 203*, Order No. 10506, rel. October 11, 1994.

⁵ *TT0-6, Application* at 1.

⁶ 53 D.C. Reg. 9011 (November 3, 2006).

Commission approved Verizon DC's Application by Order No. 14208 on a temporary basis and will consider whether the short-term benefits of lower prices for promotions outweigh the possible risk of predatory pricing or other anti-competitive practices. The approval is for two years, after which time Verizon may petition the Commission to extend the time or to make the program permanent. In the event that the Commission identifies a problem with a promotional filing at any point during the promotion, the Commission may, if warranted, suspend the promotion until the problem is corrected.

DISTRICT OF COLUMBIA TAXICAB COMMISSION**NOTICE OF FINAL RULEMAKING**

The District of Columbia Taxicab Commission ("Commission"), by its Panel on Rates and Rules, pursuant to the authority set forth under sections 8(b)(1)(J) and 9(b) of the District of Columbia Taxicab Commission Establishment Act of 1985, effective March 25, 1986, (D.C. Law 6-97; D.C. Official Code §§ 50-307(b) (1)(J), and 50-308(b) (2001)), hereby gives notice of its final rulemaking action taken on April 11, 2007, to amend § 111.3 of Chapter 1 of Title 31 of the District of Columbia Municipal Regulations ("DCMR"). The notice of proposed rulemaking was published in the *DC Register* on October 20, 2006, at 53 DCR 8519. The final rulemaking changes the number of Commissioners required to approve ceremonial actions taken when a Commission special or regular meeting is not feasible from seven (7) to a majority. A public hearing was held on March 14, 2007, and no comments were received by the Commission. This rule will become effective on the date this notice is published in the D.C. Register.

Title 31 DCMR, Section 111, POLICY AND PROGRAMS is amended as follows:

111 POLICY AND PROGRAMS

- 111.3 Whenever the Commission is requested to take ceremonial action and the Chairperson determines that a regular or special meeting of the Commission is not feasible, the Chairperson shall endeavor to poll all the Commissioners and upon approval of the proposed ceremonial action by a majority (including the Chairperson) of the Commissioners in office, the Chairperson may take the action in the name of the Commission.

WASHINGTON CONVENTION CENTER AUTHORITY**NOTICE OF FINAL RULEMAKING**

The Board of Directors of the Washington Convention Center Authority ("Authority"), pursuant to section 203 of the Washington Convention Center Authority Act of 1994, D.C. Law 10-188, D.C. Code § 10-1201.03, hereby gives notice of its adoption, on November 14, 2005, of the following amendment to Chapter 3 of Title 19 of the District of Columbia Municipal Regulations.

No comments have been received and no changes have been made to the text of the proposed rulemaking published on September 1, 2006, at 53 DCR 7269-7270.

This rulemaking shall take effect immediately upon publication in the District of Columbia Register.

Amend Chapter 3 of Title 19 of the District of Columbia Municipal Regulations to read as follows:

**CHAPTER 3 WASHINGTON CONVENTION CENTER AUTHORITY:
PROCUREMENT RULES****308 SOLE SOURCE PROCUREMENT**

308.1 The CCO shall take all reasonable steps to avoid using sole source procurements.

308.2 The CCO may procure goods, services, or construction on a sole source basis without following the procedures set forth in sections 304, 305 and 306 if the CCO:

- (a) makes a written determination that the minimum needs of the Authority can only be met by such goods, services or construction and that the proposed sole source is the only source capable of providing them; or
- (b) makes a written determination that such goods, services or construction are an integral part of a transaction by the Authority to acquire real property.

308.3 The CCO's written determination shall include the following:

- (a) For a determination under subsection 308.2(a):
 - (i) a description of the Authority's requirement, including the estimated cost;
 - (ii) an explanation of the unique nature of the procurement and of the contractor's unique qualifications;
 - (iii) a determination that the costs to the Authority will be fair and reasonable; and
 - (iv) a description of the market survey conducted and list of potential sources contacted, or an explanation for why such description or list was not possible.
- (b) For a determination under subsection 308.2(b):
 - (i) a description of the goods, services or construction which are integral to the real property transaction;
 - (ii) the estimated cost to the Authority of the real estate and the integral goods, services or construction; and
 - (iii) a determination that the costs to the Authority of the integral goods, services or construction will be fair and reasonable.

308.4 The CCO shall include all applicable standard contract clauses in any procurement made under this section.

**ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF FINAL RULEMAKING**

and

Z.C. ORDER NO. 821A

Z.C. Case No. 95-4

(Map Amendments – Union Station Area Rezoning)

March 12, 2007

The Zoning Commission for the District of Columbia (the "Commission"), pursuant to its authority under § 1 of the Zoning Act of 1938, approved June 20, 1938 (52 Stat. 797, as amended; D.C. Official Code § 6-641.01 (2001)) and 11 DCMR § 3030 (Consent Calendar), hereby gives notice of the adoption of a rulemaking that corrects an error that was previously published in the Notice of Final Rulemaking and Z.C. Order No. 821 on September 26, 1997, at 44 DCR 5560. The proposed corrected map amendment applies to property located in Square 775.

The Commission took proposed action pursuant to 11 DCMR § 3027.2 at its regularly scheduled monthly meeting on April 20, 2006 to approve the proposed amendment. Because this rulemaking was undertaken pursuant to the Commission's Consent Calendar procedures in 11 DCMR § 3030, no hearing was held.

No comments were received and no changes have been made to the text of the proposed rules, as published with the notice of proposed rulemaking in the *D.C. Register* on February 2, 2007, at 54 DCR 1048. These final rules will be effective upon publication of this notice in the *D.C. Register*.

Based on the above, the Commission finds that the proposed correction is a minor modification to the previously approved rulemaking, in the best interests of the District of Columbia, consistent with the purpose and intent of the Zoning Regulations and Zoning Act, and not inconsistent with the Comprehensive Plan for the National Capital.

In consideration of the reasons set forth herein, the Zoning Commission hereby orders **APPROVAL** of the following amendments to Z.C. Order No. 821:

1. Remove Lots 804 and 805 in Square 775 from the lots listed as approved for rezoning from C-M-1 to C-2-B and move them under the list to be rezoned from C-M-1 to R-4.

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2. Remove the reference to Lots 14 and 15 in Square 775 from the list of lots approved for rezoning from C-M-1 to R-4, because they are redundant in that they are record lot numbers affixed to Lots 804 and 805.

Vote of the Zoning Commission taken at its public meeting on April 20, 2006, to **APPROVE** the proposed rulemaking: 5-0-0 (John G. Parsons, Carol J. Mitten, Anthony J. Hood, Gregory N. Jeffries, and Michael G. Turnbull to approve).

This Order was **ADOPTED** by the Zoning Commission at its public meeting on March 12, 2007, by a vote of 5-0-0 (Michael G. Turnbull, Carol J. Mitten, Anthony J. Hood, Gregory N. Jeffries, and John G. Parsons to adopt).

In accordance with 11 DCMR § 3028, this Order is final and effective upon publication in the *D.C. Register*, that is on _____.

**ZONING COMMISSION FOR THE DISTRICT OF COLUMBIA
NOTICE OF FINAL RULEMAKING**

and

Z.C. ORDER NO. 821A

Z.C. Case No. 95-4

(Map Amendments – Union Station Area Rezoning)

March 12, 2007

The full text of this Zoning Commission order is published in the “Final Rulemaking” section of this edition of the *D.C. Register*.